

IMPORTANT: Read the instruction sheet before completing this form. Type or print in caps (except signatures).

Form Approved  
OMB No. 76-RO668

1. NAME OF DECEASED EXACTLY AS IT IS TO APPEAR ON HEADSTONE OR MARKER (See Item 1 of Instructions regarding options)			13. APPLICANT'S NAME AND ADDRESS (No. and street, city, and State)		ZIP CODE
FIRST William	MIDDLE H	LAST VAN FOSSEN	ELLEN M. VAN FOSSEN [REDACTED]		18976
2. HIGHEST RANK; AND BRANCH OF SERVICE IN WHICH HELD COXSUAIN USNR			14. AREA CODE AND PHONE NO. [REDACTED]		15. RELATIONSHIP TO DECEASED WIFE.
3. WAS THE DECEASED AWARDED THE MEDAL OF HONOR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		4. WARS DURING WHICH DECEASED SERVED WW # 2		I accept responsibility for placement of the headstone or marker at no expense to the Government. I certify that all statements made are true and correct to the best of my knowledge.	
5. YEAR OF BIRTH 7/11/1925		6. YEAR OF DEATH 7/29/1978		16. SIGNATURE OF APPLICANT Ellen M. Van Fossen	
7. TYPE OF HEADSTONE OR MARKER REQUESTED (Check one) <input type="checkbox"/> UPRIGHT MARBLE HEADSTONE <input type="checkbox"/> FLAT MARBLE MARKER <input type="checkbox"/> FLAT GRANITE MARKER <input checked="" type="checkbox"/> FLAT BRONZE MARKER			17. DATE 8/11/76		18. SIGNATURE OF APPLICANT Ellen M. Van Fossen
8. RELIGIOUS EMBLEM DESIRED (Check one) <input checked="" type="checkbox"/> LATIN CROSS (Christian) <input type="checkbox"/> STAR OF DAVID (Jewish) <input type="checkbox"/> OTHER (Specify in item 25 on reverse) <input type="checkbox"/> NONE			19. AREA CODE AND PHONE NO. 215 103 0568		18. SIGNATURE OF APPLICANT Ellen M. Van Fossen
9. NAME DECEASED USED DURING SERVICE (First, middle, last) William H Van Fossen			19. AREA CODE AND PHONE NO. 215 103 0568		18. SIGNATURE OF APPLICANT Ellen M. Van Fossen
10. SOCIAL SECURITY NO. [REDACTED]		11. PENSION NO. OR VA CLAIM NO. [REDACTED]		18. SIGNATURE OF APPLICANT Ellen M. Van Fossen	
12. PLACE OF BURIAL (Name of cemetery, city, and State) Family cem. Berkwick Rd., Warrington			18. SIGNATURE OF APPLICANT Ellen M. Van Fossen		18. SIGNATURE OF APPLICANT Ellen M. Van Fossen
FOR USE OF VETERANS ADMINISTRATION			18. SIGNATURE OF APPLICANT Ellen M. Van Fossen		18. SIGNATURE OF APPLICANT Ellen M. Van Fossen
INSCRIPTION DATA Cox US NAVY/WW II			18. SIGNATURE OF APPLICANT Ellen M. Van Fossen		18. SIGNATURE OF APPLICANT Ellen M. Van Fossen
B/L NO. 68760		ORDERED AUG 3 1 1978		18. SIGNATURE OF APPLICANT Ellen M. Van Fossen	
CONTRACTOR Sheidow Bronze		Cox		18. SIGNATURE OF APPLICANT Ellen M. Van Fossen	

VA FORM  
DEC 1974 40-1330

APPLICATION FOR HEADSTONE OR MARKER

Luk